



Regulatory and Economic Resources

Herbert S. Saffir Permitting and Inspection Center 11805 S.W. 26th Street Miami, FL 33175-2474 786-315-2100 miamidade.gov/permits

CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:					
Please complete the	he following information	. Your email address is req	uired so you can be r	notified on the status	s of your plans.
First Name: (PRIN	T CLEARLY)	Q Last I	Name: (PRINT CLEARL	y Klein) du
Cellular Number:	22211 5	2 - /	/Home Number:		
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EMAIL Address: _	momer	ntu movi	you (a)	0 1700	1. COIT
Comments:	701717	2780			
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If you are submit	ting a municipal plan	please provide the munic	ipal process numbe	r(s) and ensure th	e municipal
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	PLI	EASE INDICATE	F PLANS AR	E	
☐ GOV'T PROJ	IECT/ DEPT	GREE	N BLDG (NEW CONSTRU	JCTION ONLY)* P	ACE PROJECT*
		RKFORCE HOUSING*		C SIGNIFICANCE*	
(*Pursuant to O	rdinance 99-140; Ordi	nance 05-115; and Ordina	nce 08-51. Project r	nay have additiona	il requirements.)
		REQUESTED F			
ALL	BLDG	☐ DERM	☐ ELEC	☐ ENRG	FIRE
☐ HCAP	☐ LANDSCAP	ING MECH	☐ PLUM	☐ PWKS	☐ PWCC
ROOF	SIGN	STRU	☐ ZNPR	☐ WASD	PWIF
PERMIT BY	AFFIDAVIT CHECK	SHORT TERM EVEN	T AFFIDAVIT CHECK		. PLAN REVIEW BECH □PLUM □STRU
		-FOR OFFICE U	SE ONLY-		
TO BE COMPLE	TED BY BUILDING AN	ID OCCUPANCY REPRES	ENTATIVE OR PLAN	IS PROCESSING S	PECIALIST:
Application Date:	11,9,17.	Clerk Name SliC	elia.	Arrival	Time: 1043
Process No(s):	00017	1206	i		
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